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Bank Commissioner

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State of New Hampshire

Banking Department

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NH AUTHORIZED DELEGATE FORM INSTRUCTIONS

A. GENERAL INSTRUCTIONS

- FILING** – The NH Authorized Delegate Form should be used to apply to register an *authorized delegate* location, and to change any information about a registered *authorized delegate* location and to surrender or otherwise terminate an *authorized delegate* registration. The form must be filed by the *NH licensed money transmitter*. The fee to register an *authorized delegate* location is \$25, but total fees paid by the *NH licensed money transmitter* shall not exceed \$4,000 in any calendar year. **There is no fee to file an amendment or to terminate a registration.** If the name of the *NH licensed money transmitter* or the name or the address of the *authorized delegate* location is being amended, submit the original *authorized delegate* registration certificate to the Department; a new registration will be issued and sent to the *NH licensed money transmitter* for forwarding to the registrant. Certificates of Registration must be conspicuously displayed at the *authorized delegate* location.
- TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
- EXECUTION** – The execution section must be completed by an authorized representative of the *NH licensed money transmitter* (corporate officer, partner, member, sole proprietor, etc).
- DATES** – The filing date is the date the *NH licensed money transmitter* submits this form to New Hampshire. The effective date is the date the *NH licensed money transmitter* would like the registration or amendment to become effective.
- AMENDMENTS** – Using this form, the *NH licensed money transmitter* must update information about an *authorized delegate* on a continuing basis. *Authorized delegate* changes of address and location closings need to be reported within thirty (30) days of the change or closing. When filing an amendment, check the “amendment” box on line 1, provide the *authorized delegate*’s name, the filing and effective dates, and complete only the information that is being amended. Enter the old information in item(s) 2 through 4 and the new information in item(s) 2a through 4a. If item 5 is being amended, check the appropriate answer and attach the contract or agreement.
- CONTACT EMPLOYEE** – The individual listed on the *NH licensed money transmitter*’s License Application Form as the contact employee will be contacted by New Hampshire if needed, about this Authorized Delegate Form filing.
- SURRENDER / CLOSE** – When a *NH licensed money transmitter* decides to cease operations at one or more *authorized delegate* locations, use a NH Authorized Delegate Form for each location to notify the New Hampshire Banking Department of each closing by checking the “surrender” box and completing only items 2, and 6 and the execution. Send the original Authorized Delegate Registration Certificate to the New Hampshire Banking Department along with a NH Authorized Delegate Form to complete surrender. Use the NH Surrender/Expiration Form to notify New Hampshire if the entire company (the *NH licensed money transmitter*) will cease operations in New Hampshire under its NH license. When terminating an *authorized delegate* registration, it is necessary to enclose the original registration certificate issued by the NHBD with this NH Authorized Delegate Form filing.

B. FILING INSTRUCTIONS

- FORMAT**
 - The NH Authorized Delegate Form may accompany a new Money Transmitter License Application Form, or may follow the license application later. A fully completed NH Authorized Delegate Form must be submitted to the New Hampshire Banking Department when the money transmitter is filing for *authorized delegate* location registration for the first time.
 - The Execution section must include an original manual signature under penalty of unsworn falsification pursuant to NH RSA 641:3.
 - Type or print all information.
 - Use only the current version of the NH Authorized Delegate Form or a reproduction of it.
- ATTACHMENT**

Submit copies of any written agreements or contracts between the *applicant/licensee* and any NH *authorized delegate*.

C. EXPLANATION OF TERMS – The following terms are italicized throughout the NH Authorized Delegate Form

- APPLICANT/LICENSEE** – The money transmitter company that is newly applying on or amending information on this form for an *authorized delegate* registration. The only instance in which the *applicant/registrant* is an individual is in the case of a sole proprietorship.
- AUTHORIZED DELEGATE** – A person (company or individual) that an *applicant* or *NH licensed money transmitter* licensee designates to provide money transmission services on behalf of the licensee.
- FINANCIAL SERVICES OR FINANCIAL SERVICES-RELATED** – Pertaining to securities, commodities, banking, insurance, consumer lending, debt adjustment, money transmission or real estate (including, but not limited to, acting as or being associated with a bank or savings association, credit union, mortgage lender, mortgage broker, mortgage servicer, closing agent, title company, or escrow agent).
- NH LICENSED MONEY TRANSMITTER** – The company that is newly applying for a money transmitter license or holds a money transmitter license in New Hampshire under RSA 399-G.
- PERSON** – An individual, partnership, corporation, trust, or other organization.

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| AUTHORIZED DELEGATE REGISTRATION FEE: \$25 | NH AUTHORIZED DELEGATE FORM <i>Applicant or</i> Licensee full legal name: _____ _____ and Tax ID No. _____ _____ <i>Authorized Delegate</i> full legal name: _____ _____ _____ | OFFICIAL USE ONLY <u>FOR OFFICE USE ONLY</u> Ck. # _____ Amt.\$ _____ Rec'd by _____ Date _____ ***** Entered By _____ Date _____ App. Complete Date _____ Approved By _____ Date _____ |
| | Make Check Payable To: "State of New Hampshire" | Date of Filing: _____ Effective Date: _____ |

AUTHORIZED DELEGATE NEW
APPLICATION ☐

SURRENDER ☐

AMENDMENT ☐ **Complete only the item(s) being amended.**

2.

Physical address (Number and Street)

Physical City, State/Country, Zip+4/Postal Code

3.

Mailing address or P.O. Box (if applicable)

Mailing address City, State/Country, Zip+4/Postal Code

4.

Business (Area Code) and Telephone Number

Fax (Area Code) and Number

Authorized delegate e-mail

Authorized delegate website

2a.

NEW Physical address (Number and Street)

NEW Physical City, State/Country, Zip+4/Postal Code

3a.

NEW Mailing address or P.O. Box (if applicable)

NEW Mailing address City, State/Country, Zip+4/Postal Code

4a.

NEW Business (Area Code) and Telephone Number

NEW Fax (Area Code) and Number

NEW Authorized delegate e-mail

NEW Authorized delegate website

5. Will this authorized delegate and/or individuals at this authorized delegate's location operate pursuant to a written agreement or contract with the *applicant* or *NH licensed money transmitter*? ☐ YES ☐ NO. If "yes" provide a copy(ies) of the agreement(s)/contract(s).

6. **EXECUTION:** The undersigned, under penalty of unsworn falsification NH RSA 641:3, swears that he/she is an officer of the *applicant* or *NH licensed money transmitter* and has executed this form on behalf of, and with the authority of, said *applicant* or *NH licensed money transmitter*. The undersigned represents that the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete. The undersigned and the *applicant* or *NH licensed money transmitter* further represent that to the extent any information previously submitted is not amended such information is currently accurate and complete.

Date (MM/DD/YYYY)

Signature of authorized party

Title

This execution must always be completed in full with original, manual signature.